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\*\* CONTINUING DATA \*\*\*\*\*

*See CAP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*See CAP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

## ADDRESS

23117

## TITLE

Grey glass composition

<b>FILING FEE RECEIVED</b> 1098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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